

HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC. (A0002667H) PO

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## EXPRESSION OF INTEREST

### HRCAV Show Judge

Members seeking accreditation as an HRCAV Official must register their interest by forwarding a completed form and any other relevant details to the HRCAV. Upon consideration of details provided, successful applicants shall be registered as a new candidate and be invited to commence the accreditation process. An overview of the accreditation process can be found in the relevant section of the HRCAV Manual and forthcoming training and examination day(s) are advertised in the HRCAV newsletter. Note: Applicants must be at least 18 years of age.

NAME:				MEMBERSHIP#:				DATE:			
ADDRESS:								POSTCODE:			
EMAIL:						PHONE NO:					
SIGNATURE:						CLUB:					
<b>WORKING WITH CHILDREN CHECK</b>											
DO YOU HAVE A CURRENT WWCC?				ARE YOU EXEMPT FROM THE WWCC REQUIREMENT?				REASON FOR EXEMPTION			
YES		NO		YES		NO					
WWCC CARD HOLDERS – ATTACH COPY OF CARD. ALL OFFICIALS MUST HAVE A WWCC UNLESS EXEMPT								REGISTERED TEACHERS & POLICE OFFICERS PLEASE RECORD RELEVANT ID NUMBER.			

**SELECT THE APPROPRIATE ANSWERS**

RIDING EXPERIENCE															
CURRENT HRCAV LEVEL AND HOW LONG AT THIS LEVEL															
	LEVEL	HOW LONG?	LEVEL	HOW LONG?	LEVEL	HOW LONG?	LEVEL	HOW LONG?	LEVEL	HOW LONG?					
Dressage	5		4		3		2		1/ Adv		Not assessed				
Showjumping	5		4		3		2		1/ Adv		Not assessed				
Horse Trials	5		4		3		2		1		Not assessed				
Showing	5		4		3		2		1		Not assessed				
3 Phase Equitation	5		4		3		2		1		Not assessed				
HIGHEST EVER HRCAV ASSESSED LEVEL															
DRESSAGE			SHOW JUMPING			HORSE TRIALS			SHOWING			3 PHASE EQUITATION			
HIGHEST EVER NON HRCAV LEVEL				DISCIPLINE:				LEVEL:							
HIGHEST EVER NON HRCAV LEVEL				DISCIPLINE:				LEVEL:							
OTHER RELEVANT RIDING EXPERIENCE															

<b>TRAINING AND IN THE FIELD EXPERIENCE</b>					
Please tick	<b>1</b>	<b>2</b>	<b>3</b>	<b>4 or more</b>	<b>None</b>
Number of HRC AV Training Clinics attended					
Number of Non-HRC AV Training Clinics Attended					
<b>Type of Training Clinic/s attended:</b>	<b>When Attended</b>				
<b>SHOW (please tick)</b>					
<b>Judging</b>	< 5 times	< 20 times	< 40 times	> 40	Never
<b>Level/Grade</b>	Lvl/Gr 5	Lvl/Gr 4	L3/Prelim	L2/Nov	L1/Elem & Above
<b>COACHING EXPERIENCE</b>					
Have You Ever Coached	YES NO				
Type Of Coaching					
Qualifications					
Coaching Experience	Under 1 yr	1-2 Yrs	3-4 Yrs	4-5Yrs	Over 5 Yrs
<b>QUALIFICATIONS</b>					
Do you have relevant formal qualifications with other organisations eg. EA? Please state type of qualification and date obtained					
<b>OTHER EXPERIENCE</b>					
Other relevant experience/qualifications (tick)	LEVEL ASSESSOR	DRESSAGE	OTHER Specify:		
Recent relevant appointments – including date, location & event					
Discipline Specific Referee (not compulsory)					
Motivation for seeking accreditation					

***Applicants who can show proof of qualifications and/or extensive experience in their area of interest may be eligible for training concessions at the discretion of the relevant Sub Committee. Please attach proof of relevant qualifications where applicable. The original of this form will be kept at the HRC AV office and a copy sent to the relevant Sub-Committee.***